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Bib Data Sheet

CONFIRMATION NO. 1923

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|------------------------------------|---|---------------------|-------------------------------|---|
| SERIAL NUMBER 09/883,849 | FILING DATE 06/18/2001 RULE | CLASS 210 | GROUP ART UNIT 1723 | ATTORNEY DOCKET NO. 023829-0129 |
|------------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS

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**** CONTINUING DATA *******THIS APPLICATION IS A CIP OF 09/717,923 11/21/2000 *AS***** FOREIGN APPLICATIONS ******* *AS***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 07/06/2001**

| | | | | |
|---|-------------------------------|-----------------------|---------------------------|---------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY IA | SHEETS DRAWING | TOTAL CLAIMS 29 | INDEPENDENT CLAIMS 10 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>AS</i> Examiner's Signature Initials | | | | |

ADDRESS

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TITLE

Protein supplemented frozen dessert compositions

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|------------------------------------|---|---|
| FILING FEE RECEIVED 1562 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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